IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gregory S. Zeman et al.

Art Unit: 2884

Serial No.: 10/957,008

: Examiner: Lee, Shun K.

Filed: October 1, 2004

:

For: MODULE ASSEMBLY FOR

MULTIPLE DIE BACK-ILLUMINATED DIODE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

- 1. Transmitted herewith is:
 - 1. Amendment Transmittal (3 pages)
 - 2. Amendment (14 pages)
 - 3. 12 Replacement Sheets of Formal Drawings
 - 4. Information Disclosure Statement (5 pages)

2.		STATUS small entity status. than a small entity.						
3.	EXTENSION OF TERM The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply (complete (a) or (b), as applicable)							
	(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)							
	E	Extension for response within:		Small entity Fee (if applicable)				
		first month	entity Fee \$ 120.00	\$ 60.00				
	_	second month	\$ 460.00	\$ 230.00				
		third month	\$ 1,050.00	\$ 525.00				
	_	fourth month	\$ 1,640.00	\$ 820.00				
		— fifth month	\$ 2,230.00	\$1,115.00				

						Fee:		\$
If an ac	ditiona	ıl extens	sion of tin	ne is required,	please consi	ider this a petition t	herefor	
			(Chec	k and complet	e the next ite	em, if applicable)		
			therefor \$	sion of is dedu now requested	cted from th	already been secure e total fee due for t	d. The he total	fee paid months of
			Extens	sion fee due wi	ith this reque	est \$		
					C	OR		
(t		inac	ditional polyected	etition is being overlooked th FEE FOR	made to proe need for a	term is required. Hovide for the possib petition for extensi calculated as shown	ility tha on of ti	at applicant has me.
·, 1		or ciain	ns (5 / C.1	(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CL/ REM/	AIMS AINING R AMDT	MINUS	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE I'EE x \$25.00 = \$	OR_	ADDITIONAL RATE FEE x \$50.00 = \$
TOTAL INDEP.			MINUS		<u> </u>	x \$100.00 = \$	-	x \$200.00 = \$
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				LAIM	+\$180.00 = \$		+ \$360.00 = \$
		<u> </u>				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
	(a)	\boxtimes	No addi	tional fee for (Claims is rec	quired		
	(b)		Total ac	Ol Iditional fee fo		uired \$		
5.	FEE PAYMENT Attached is a check in the sum of \$							
	\boxtimes	Charg	Charge Deposit Account No. 01-2384 the sum of \$180.					
6.	\boxtimes	If any	additiona	FEE DEF	ICIENCY d/or fee is re	equired, charge Dep	osit Ac	ecount No. 01-2384.

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А	N	IJ	/O	ж

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

Robert B. Reesdr,

Reg. No. 49,548

ARMSTRONG TEASDALE LLP
One Metropolitan Square, Suite 2600

St. Louis, MO 63102